FORMAL COMPLAINT ILLINOIS COMMENCE COMMISSION Illinois Commerce Commission

For Commission Use Only:

ORIGINAL

527 E. Capitol Avenue

Springfield, Illinois 62701 Re: 2002-34708 C

Regarding a complaint by (Person making the complaint):	
Against (Utility name): People Energy People GAS	
As to (Reason for complaint) Peoples Gas OVER Stated the Am	ount that I
OWE by Approximately 3, 200,00 and People	les GAS refuse
to give ME An ACCOUNTing on the bases of see Exhibit one which is a bill dated 7-30-200 in Chicago Illinois. OF 1-29-2003 FOR #3, 49	6. 48 Exhibit Tw
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 6665 North Sioux Chicago I	U 606 4 b
The service address that I am complaining about is 6665 North Siou x Chic.	Ago, ILL 60646
My home telephone is [773] 774-7830	
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [312] 5-60-716-7	
(Full name of utility company) <u>People Energy / Peoples</u> (respondent to the provisions of the Illinois Public Utilities Act.	dent) is a public utility and is subject
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved a	
render An Accounting to Consumer	
	9
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?	Yes No
Has your complaint filed with that office been closed?	Yes No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.
1. OVER Stated amount ower by Approximately \$3,2.
2. Refused to give a defailed accounting and/
bases Fur the amount in Question.
Please clearly state what you want the Commission to do in this case:
Date: Y- Z- 03 Complainant's Signature Oh Coleman (Month, day, year)
If an attorney will represent you, please give the attorney's name, address, and telephone number. Richard Zulkey (312)372—5541 79 W. Mon Roe
Chicago, TCL 60603 You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
I,
(Signature)
Subscribed and swarn/affirmed to before me on (month, day, year) 4/2/0 3

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.

OFFICIAL SEAL
TRACEY A. CUNNINGHAM
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-24-2006